

## DoD FIRE INCIDENT REPORT

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A. Complete instructions for filling out this form are contained in DoD 6055.7-M B. The entire form may be hand printed. Legibility is important. C. Where blocks are provided for the individual characters of the data, follow these rules: (1) If the entry is letters, place the first letter in the left-hand block; (2) If the entry is a number, place it so that the last digit is in the right-hand block.	THIS SPACE FOR SAFETY CENTER ONLY:																																			
	YR						MO						DAY						LINE						EXP NO.						T/C					
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26										

## SECTION A - GENERAL DATA

1. NAME OF FIRE DEPARTMENT																	2. REPORT STATUS 1. Preliminary 2. Final 3. Revised																	3. OFF-STATION/MUTUAL AID RESPONSE Y. Yes N. No																																																																			
4. LOCATION																	5. ZIP CODE 9 DIGIT 5 DIGIT																	6. UIC-RUC/ IDENT. CODE																	7. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Defense Logistics Agency 6. Other																																																		
8. NAME OF ACTIVITY WHERE FIRE OCCURRED																	9. LOCATION																																																																																				
10. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Def. Log. Agency 6. Other																	11. UIC-RUC/ IDENT. CODE																	12. DATE OF FIRE YR MO DAY																	13. DAY OF WEEK 1. Sun 5. Thu 2. Mon 6. Fri 3. Tue 7. Sat 4. Wed																	14. INCIDENT NUMBER																	15. MUTUAL AID RECEIVED Y. Yes N. No																
16. METHOD OF ALARM FROM PUBLIC																	17. TYPE OF SITUATION FOUND																																																																																				
18. FIXED PROPERTY USE																	19. MOBILE PROPERTY TYPE (Auto., Mobile Home, Ship, Aircraft)																																																																																				
20. IF MOBILE PROPERTY (Auto., Mobile Home, Ship, Aircraft)																	YEAR																	MAKE																	MODEL/OR ACFT. MODEL																	SERIAL NO./OR BUREAU NO.																	LICENSE NO.																

## SECTION B - ORIGIN AND IGNITION DATA

21. AREA OF FIRE ORIGIN																	22. LEVEL OF ORIGIN																	23. TERMINATION STAGE 1. HEAT TERMINATED IN THE OVERHEAT STAGE BEFORE SMOLDER OR FLAME 2. FIRE TERMINATED IN THE SMOLDER STAGE, BEFORE ANY FLAME 3. FIRE TERMINATED IN OR AFTER THE FLAME STAGE 4. NOT APPLICABLE																																																																			
24. EQUIPMENT INVOLVED IN IGNITION (IF ANY)																																																																																																					
25. IF EQUIPMENT INVOLVED IN IGNITION																	YEAR																	MAKE																	MODEL																	SERIAL NO.																	VOLTAGE																
MATERIAL FIRST IGNITED (26 and 27 only)																																																																																																					
26. TYPE																																	27. FORM																																	28																																			
28. FORM OF HEAT OF IGNITION																																	29. IGNITION FACTOR																																	CARD NO.																																			

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## SECTION C - STRUCTURE AND FIRE DATA

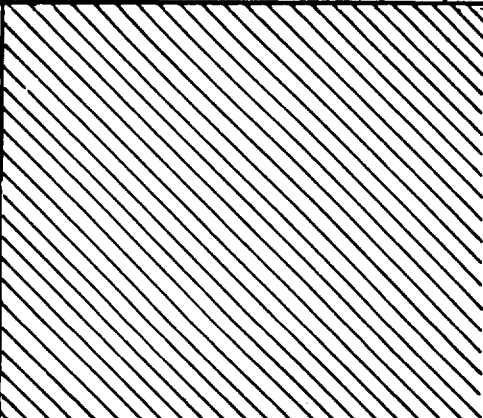
30. STRUCTURE TYPE (If not structure proceed to 46)												31. STRUCTURE NO.						32. YEAR CONSTR				33. NUMBER OF STORIES			
34. GROUND FLOOR AREA												35. CONSTRUCTION TYPE						36. CONSTRUCTION METHOD							
37. EXTENT OF FLAME DAMAGE												38. EXTENT OF SMOKE DAMAGE						39. EXTENT OF WATER DAMAGE				40. EXTENT OF FIRE CONTROL DAMAGE			
1. CONFINED TO THE OBJECT OF ORIGIN												1. CONFINED TO OBJECT OF ORIGIN						1. CONFINED TO OBJECT OF ORIGIN				1. CONFINED TO OBJECT OF ORIGIN			
2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN												2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN						2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN				2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN			
3. CONFINED TO ROOM OF ORIGIN												3. CONFINED TO ROOM OF ORIGIN						3. CONFINED TO ROOM OF ORIGIN				3. CONFINED TO ROOM OF ORIGIN			
4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN												4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN						4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN				4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN			
5. CONFINED TO FLOOR OF ORIGIN												5. CONFINED TO THE FLOOR OF ORIGIN						5. CONFINED TO THE FLOOR OF ORIGIN				5. CONFINED TO THE FLOOR OF ORIGIN			
6. CONFINED TO BUILDING OF ORIGIN												6. CONFINED TO BUILDING OF ORIGIN						6. CONFINED TO BUILDING OF ORIGIN				6. CONFINED TO BUILDING OF ORIGIN			
7. EXTENDED BEYOND BUILDING OR ORIGIN												7. EXTENDED BEYOND BUILDING OF ORIGIN						7. EXTENDED BEYOND BUILDING OF ORIGIN				7. EXTENDED BEYOND BUILDING OF ORIGIN			
8. NOT A STRUCTURE FIRE												8. NOT A STRUCTURE FIRE						8. NOT A STRUCTURE FIRE				8. NOT A STRUCTURE FIRE			
9. NO DAMAGE OF THIS TYPE												9. NO DAMAGE OF THIS TYPE						9. NO DAMAGE OF THIS TYPE				9. NO DAMAGE OF THIS TYPE			
35												36						37				38			
41. AT TIME OF FIRE, BUILDING WAS:												2. OCCUPIED BY SLEEPING PERSONS						4. NOT OCCUPIED							
1. OCCUPIED BY AWAKE PERSONS												3. OCCUPIED BY CHILDREN OR AGED PERSONS ONLY						5. VACANT							
																		6. NONE OF ABOVE (Explain in narrative)							
42. IF FLAME SPREAD TYPE OF MATERIAL GENERATING MOST FLAMES:												43. AVENUE OF FLAME TRAVEL													
BEYOND ROOM OF ORIGIN:																									
44. IF SMOKE SPREAD TYPE OF MATERIAL GENERATING MOST SMOKE:												45. AVENUE OF SMOKE TRAVEL													
BEYOND ROOM OF ORIGIN:																									
46. METHOD OF DETECTION												47. METHOD OF EXTINGUISHMENT													
48. AGENT AND QUANTITY USED (CIRCLE AGENTS USED & CODE AGENTS AND QUANTITY)												49. MOST EFFECTIVE EXTINGUISHING AGENT USED													
0 WATER - SPRAY/FOG 1 WATER - SOLID STREAM																									
2 WATER - BOTH 0 AND 1 3 AFFF												50. NUMBER OF PEOPLE RESCUED BY FIRE DEPT. (Explain in narrative)													
4 OTHER FOAMS (PROTEIN, HIGH EXPANSION FOAM AGENTS)												51. DEFICIENCIES OR PROBLEM AREAS													
5 DRY CHEMICAL 6 CARBON DIOXIDE												If problems existed in any of the following areas, indicate and further explain in narrative:													
7 HALOGENATED AGENTS (HALON 1211, 1301)												1. ALARM TRANSMITTAL													
8 WATER WITH ADDITIVES (WET WATER, ETC)												2. FIRE DEPARTMENT RESPONSE													
9 OTHER (COMBUSTIBLE METAL EXTINGUISHING AGENTS, ETC)												3. PUMPER, HOSE, LADDERS, ETC													
AGENT QTY. AGENT QTY.												4. MANPOWER													
1 54 55 56 57 58 59 60												5. BREATHING APPARATUS, PROTECTIVE CLOTHING, ETC													
2 61 62 63 64 65												6. EXTINGUISHING AGENTS, WATER SUPPLY, ETC													
3 66 67 68 69 70												7. VENTILATION, FORCIBLE ENTRY, SALVAGE													
4 71 72 73 74 75												8. WEATHER													
												9. ITEMS OF NON-COMPLIANCE (OSHA)													
												10. OTHER													
												CARD NO. 81218													
												76 77 78 79													

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## SECTION D – FIRE PROTECTION FACILITIES (IN STRUCTURES ONLY)

<b>52. AUTOMATIC SPRINKLERS PROVIDED?</b> (IF NO, PROCEED TO 53)		Y. YES N. NO	<b>TYPE OF SPRINKLER SYSTEM</b>  1. WET 2. DRY 3. DELUGE-WATER 4. DELUGE-FOAM 5. PRE-ACTION DELUGE	<b>SPRINKLER PERFORMANCE</b>  1. SPRINKLERS OPERATED SATISFACTORILY – EXTINGUISHED FIRE 2. SPRINKLERS OPERATED SATISFACTORILY – HELD FIRE IN CHECK 3. NO SPRINKLER OPERATION: FIRE TOO SMALL 4. NO SPRINKLER OPERATION: NO SPRINKLERS IN FIRE AREA 5. SPRINKLER OPERATION UNSATISFACTORY (EXPLAIN IN NARRATIVE) 6. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		12		
IF LESS THAN 100%, WERE SPRINKLERS IN FIRE AREA?		13 14 15		
OPERATED AT FIRE?		16		
CONNECTED TO FIRE ALARM HEADQUARTERS?		17		
WAS SPRINKLER OPERATION FIRST INDICATION OF FIRE?		18		
NUMBER OF SPRINKLER HEADS OPERATED?		19 20 21		
<b>53. AUTOMATIC FIRE ALARM PROVIDED?</b> (IF NO, PROCEED TO 54)		Y. YES N. NO	<b>TYPE OF ALARM SYSTEM</b>  1. FIXED TEMPERATURE 2. RATE OF RISE 3. COMBINATION FIXED TEMP/RATE OF RISE 4. SMOKE/SMOKE COMBINATION 5. OTHER	<b>PERFORMANCE OF FIRE DETECTION EQUIPMENT</b>  1. DETECTOR(S) IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 2. DETECTOR(S) NOT IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 3. FIRE TOO SMALL TO ACTIVATE DETECTORS 4. DETECTOR PERFORMANCE UNSATISFACTORY (EXPLAIN IN NARRATIVE) 5. NO DETECTORS PRESENT 6. PERFORMANCE OF FIRE DETECTION EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF FIRE DETECTION EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		22 23 24		
IF LESS THAN 100%, WERE DETECTORS IN FIRE AREA?		25 26 27		
OPERATED AT FIRE?		28		
CONNECTED TO FIRE ALARM HEADQUARTERS?		29		
WAS DETECTOR OPERATION FIRST INDICATION OF FIRE?		30		
54. MANUAL FIRE ALARM SYSTEM PROVIDED? (IF NO, PROCEED TO 55)		Y. YES N. NO		
OPERATED AT FIRE? (IF NO, PROCEED TO 55)		31 32 33		
CONNECTED TO FIRE ALARM HEADQUARTERS?		34		
IF OPERATED DID SYSTEM PERFORM SATISFACTORILY?		35 36 37		
<b>55. INSTALLED PORTABLE EXTINGUISHERS</b> (NOT F.D. CARRIED)		Y. YES N. NO	1. EXTINGUISHERS NOT PROVIDED 2. PROVIDED BUT NOT USED 3. OPERATED SATISFACTORILY 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A	
56.		38		

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<b>56. OTHER FIXED SPECIAL EXTINGUISHING SYSTEMS IN FIRE AREA (IF NONE, PROCEED TO SECTION E)</b> 1. NONE 2. BUILT-IN CARBON DIOXIDE FLOODING SYSTEMS PROVIDED 3. BUILT-IN CARBON DIOXIDE HAND HOSELINE PROVIDED 4. BUILT-IN "HALON" FLOODING SYSTEM PROVIDED 5. BUILT-IN DRY CHEMICAL SYSTEM PROVIDED 6. BUILT-IN FOAM SYSTEM PROVIDED 7. OTHERS	<b>FIXED SPECIAL EXTINGUISHING SYSTEMS OPERATED</b> 1. AUTOMATIC 2. MANUAL 3. NOT OPERATED	<b>SPECIAL SYSTEM PERFORMANCE</b> 1. FIRE TOO SMALL FOR SYSTEM OPERATION 2. OPERATED SATISFACTORILY - EXTINGUISHED FIRE 3. OPERATED SATISFACTORILY - HELD FIRE IN CHECK 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A
39	40	41

## SECTION E - LOSSES

PROPERTY DAMAGED	ESTIMATED \$ VALUE	ESTIMATED \$ LOSS	60. IF NON-GOV. LOSS, GIVE PROPERTY TYPE	
57. STRUCTURE OR MOBILE PROPERTY (GOVERNMENT)	42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57		1. PRIVATE 2. CONTRACTOR 3. SPECIAL SERVICES	4. EXCHANGE, PX 5. GOV LOSS, REIMBURSED 6. OTHER
58. CONTENTS (GOVERNMENT)	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		61. NO. INCIDENT-RELATED INJURIES	62. NO. INCIDENT-RELATED FATALITIES
59. NON-GOV PROPERTY (IF NONE PROCEED TO 61)	34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49		28 29 30	31 32 33
<b>SECTION F - TIMES (24-HR CLOCK)</b> 63. ESTIMATED TIME FIRE STARTED 50 51 52 53 FIRE DETECTED 54 55 56 57 ALARM RECEIVED 58 59 60 61 F. D. ARRIVED 62 63 64 65 EXTINGUISHED 66 67 68 69 CARD NO. 8138 CARD NO. 848				

## SECTION G - BRIEF NARRATIVE OF FIRE

CHIEF OF FIRE DEPARTMENT

REVIEWING OFFICIAL

REVIEWING OFFICIAL

REVIEWING OFFICIAL

FOR ADDITIONAL INFORMATION PHONE NO. \_\_\_\_\_ (CHECK ONE) ☐ AUTOVON ☐ FTS ☐ COMMERCIAL

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## SECTION H - CASUALTIES

1. CASUALTY NAME LAST FIRST MI			2. CASUALTY SEQUENCE NUMBER		3. AGE		4. TIME OF INJURY (USE 24-HR CLOCK)			
5. CATEGORY			6. SEX		7. AFFILIATION		8. CASUALTY TYPE			
1. FIRE SERVICE (CIVILIAN)			M. MALE		1. NAVY 2. MARINE		F. FIRE CASUALTY			
2. FIRE SERVICE (MILITARY)			F. FEMALE		3. ARMY 4. AIR FORCE		A. ACTION CASUALTY			
3. MILITARY PERSONNEL					5. DEFENSE LOG. AGENCY		6. OTHER			
20			21		22		23			
4. CIVIL SERVICE PERSONNEL			9. SEVERITY		10. FAMILIARITY WITH STRUCTURE					
5. MILITARY DEPENDENTS			I. INJURY D. DEATH				25			
6. CONTRACTOR PERSONNEL			11. LOCATION AT IGNITION		12. CONDITION BEFORE INJURY					
7. NON DoD FIRE SERVICE			26		27					
8. OTHER (GUESTS)										
13. CONDITION PREVENTING ESCAPE			14. ACTIVITY AT TIME OF INJURY		15. CAUSE OF INJURY					
28			29		30					
16. NATURE OF INJURY			17. PART OF BODY INJURED		18. DISPOSITION					
31			32		33					
REMARKS										

1. CASUALTY NAME LAST FIRST MI			2. CASUALTY SEQUENCE NUMBER		3. AGE		4. TIME OF INJURY (USE 24-HR CLOCK)			
5. CATEGORY			6. SEX		7. AFFILIATION		8. CASUALTY TYPE			
1. FIRE SERVICE (CIVILIAN)			M. MALE		1. NAVY 2. MARINE		F. FIRE CASUALTY			
2. FIRE SERVICE (MILITARY)			F. FEMALE		3. ARMY 4. AIR FORCE		A. ACTION CASUALTY			
3. MILITARY PERSONNEL					5. DEFENSE LOG. AGENCY		6. OTHER			
42			43		44		45			
4. CIVIL SERVICE PERSONNEL			9. SEVERITY		10. FAMILIARITY WITH STRUCTURE					
5. MILITARY DEPENDENTS			I. INJURY D. DEATH				47			
6. CONTRACTOR PERSONNEL			11. LOCATION AT IGNITION		12. CONDITION BEFORE INJURY					
7. NON DoD FIRE SERVICE			48		49					
8. OTHER (GUESTS)										
13. CONDITION PREVENTING ESCAPE			14. ACTIVITY AT TIME OF INJURY		15. CAUSE OF INJURY					
50			51		52					
16. NATURE OF INJURY			17. PART OF BODY INJURED		18. DISPOSITION		CARD NO.			
53			54		55		81518			
REMARKS										

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1. CASUALTY NAME LAST FIRST MI			2. CASUALTY SEQUENCE NUMBER		3. AGE	4. TIME OF INJURY (USE 24-HR CLOCK)				
5. CATEGORY			6. SEX		7. AFFILIATION		8. CASUALTY TYPE			
1. FIRE SERVICE (CIVILIAN)			M. MALE		1. NAVY 2. MARINE		F. FIRE CASUALTY			
2. FIRE SERVICE (MILITARY)			F. FEMALE		3. ARMY 4. AIR FORCE		A. ACTION CASUALTY			
3. MILITARY PERSONNEL					5. DEFENSE LOG. AGENCY					
					6. OTHER					
4. CIVIL SERVICE PERSONNEL			9. SEVERITY		10. FAMILIARITY WITH STRUCTURE					
5. MILITARY DEPENDENTS			I. INJURY D. DEATH							
6. CONTRACTOR PERSONNEL										
7. NON DoD FIRE SERVICE			11. LOCATION AT IGNITION		12. CONDITION BEFORE INJURY					
8. OTHER (GUESTS)										
13. CONDITION PREVENTING ESCAPE			14. ACTIVITY AT TIME OF INJURY		15. CAUSE OF INJURY					
16. NATURE OF INJURY			17. PART OF BODY INJURED		18. DISPOSITION					

REMARKS

1. CASUALTY NAME LAST FIRST MI			2. CASUALTY SEQUENCE NUMBER		3. AGE	4. TIME OF INJURY (USE 24-HR CLOCK)				
5. CATEGORY			6. SEX		7. AFFILIATION		8. CASUALTY TYPE			
1. FIRE SERVICE (CIVILIAN)			M. MALE		1. NAVY 2. MARINE		F. FIRE CASUALTY			
2. FIRE SERVICE (MILITARY)			F. FEMALE		3. ARMY 4. AIR FORCE		A. ACTION CASUALTY			
3. MILITARY PERSONNEL					5. DEFENSE LOG. AGENCY					
					6. OTHER					
4. CIVIL SERVICE PERSONNEL			9. SEVERITY		10. FAMILIARITY WITH STRUCTURE					
5. MILITARY DEPENDENTS			I. INJURY D. DEATH							
6. CONTRACTOR PERSONNEL										
7. NON DoD FIRE SERVICE			11. LOCATION AT IGNITION		12. CONDITION BEFORE INJURY					
8. OTHER (GUESTS)										
13. CONDITION PREVENTING ESCAPE			14. ACTIVITY AT TIME OF INJURY		15. CAUSE OF INJURY					
16. NATURE OF INJURY			17. PART OF BODY INJURED		18. DISPOSITION		CARD NO.			
							01501			

REMARKS

SAMPLE

# DoD FIRE INCIDENT REPORT

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<p>A. Complete instructions for filling out this form are contained in DoD 6055.7-M</p> <p>B. The entire form may be hand printed. Legibility is important.</p> <p>C. Where blocks are provided for the individual characters of the data, follow these rules:</p> <p>(1) If the entry is letters, place the first letter in the left-hand block;</p> <p>(2) If the entry is a number, place it so that the last digit is in the right-hand block.</p>	<p>THIS SPACE FOR SAFETY CENTER ONLY:</p> <p>YR MO DAY LINE EXP NO. T/C</p> <table border="1"> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>80</td> </tr> </table>	01	02	03	04	05	06	07	08	09	10	11	80
01	02	03	04	05	06	07	08	09	10	11	80		

## SECTION A - GENERAL DATA

1. NAME OF FIRE DEPARTMENT <i>CAMP SWAMPY</i>				2. REPORT STATUS 1. Preliminary <input checked="" type="radio"/> 2. Final 3. Revised				3. OFF-STATION/MUTUAL AID RESPONSE Y. Yes <input checked="" type="radio"/> N. No															
4. LOCATION <i>MILITARYTOWN, USA</i>				5. ZIP CODE 8 DIGIT <i>1123143</i>				6. UIC-RUC/ IDENT. CODE <i>1123145</i>				7. AFFILIATION 1. Navy 2. Marine <input checked="" type="radio"/> 3. Army 4. Air Force 5. Defense Logistics Agency 6. Other											
8. NAME OF ACTIVITY WHERE FIRE OCCURRED								9. LOCATION															
10. AFFILIATION 1. Navy 2. Marine <input checked="" type="radio"/> 3. Army 4. Air Force 5. Def. Log. Agency 6. Other				11. UIC-RUC/ IDENT. CODE <i>3</i>				12. DATE OF FIRE YR MO DAY <i>812/12/01</i>				13. DAY OF WEEK 1. Sun 5. Thu <input checked="" type="radio"/> 2. Mon 6. Fri 3. Tue 7. Sat 4. Wed				14. INCIDENT NUMBER <i>4-82</i>				15. MUTUAL AID RECEIVED <input checked="" type="radio"/> Y. Yes N. No			
16. METHOD OF ALARM FROM PUBLIC <i>TELEPHONE</i>								17. TYPE OF SITUATION FOUND <i>10 DWELLING FIRE</i>															
18. FIXED PROPERTY USE <i>8 UNIT APARTMENT</i>								19. MOBILE PROPERTY TYPE (Auto., Mobile Home, Ship, Aircraft) <i>NONE</i>															
20. IF MOBILE PROPERTY (Auto., Mobile Home, Ship, Aircraft)				YEAR				MAKE				MODEL/OR ACFT. MODEL				SERIAL NO./OR BUREAU NO.				LICENSE NO.			

## SECTION B - ORIGIN AND IGNITION DATA

21. AREA OF FIRE ORIGIN <i>CONCEALED WALL SPACE</i>				22. LEVEL OF ORIGIN <i>NEAR GRADE LEVEL</i>				23. TERMINATION STAGE 1. HEAT TERMINATED IN THE OVERHEAT STAGE BEFORE SMOLDER OR FLAME 2. FIRE TERMINATED IN THE SMOLDER STAGE, BEFORE ANY FLAME <input checked="" type="radio"/> 3. FIRE TERMINATED IN OR AFTER THE FLAME STAGE 4. NOT APPLICABLE																			
24. EQUIPMENT INVOLVED IN IGNITION (IF ANY) <i>TORCH</i>				25. IF EQUIPMENT INVOLVED IN IGNITION				YEAR				MAKE <i>PLUMBER'S TORCH</i>				MODEL				SERIAL NO.				VOLTAGE			
MATERIAL FIRST IGNITED (26 and 27 only)																											
26. TYPE <i>FINISHED LUMBER</i>										27. FORM <i>STRUCTURAL FRAMING</i>																	
28. FORM OF HEAT OF IGNITION <i>PLUMBER'S TORCH</i>										29. IGNITION FACTOR <i>THAWING</i>																	

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## SECTION C - STRUCTURE AND FIRE DATA

<b>30. STRUCTURE TYPE (If not structure proceed to 46)</b> SINGLE USE BUILDING												<b>31. STRUCTURE NO.</b> 0103282								<b>32. YEAR CONSTR.</b> 1947				<b>33. NUMBER OF STORIES</b> 0102			
<b>34. GROUND FLOOR AREA</b> 0107364												<b>35. CONSTRUCTION TYPE</b> PROTECTED WOOD FRAME								<b>36. CONSTRUCTION METHOD</b> SITE BUILT							

<b>37. EXTENT OF FLAME DAMAGE</b> 1. CONFINED TO THE OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE	<b>38. EXTENT OF SMOKE DAMAGE</b> 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE	<b>39. EXTENT OF WATER DAMAGE</b> 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE	<b>40. EXTENT OF FIRE CONTROL DAMAGE</b> 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE
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<b>41. AT TIME OF FIRE, BUILDING WAS:</b> 1. OCCUPIED BY AWAKE PERSONS 2. OCCUPIED BY SLEEPING PERSONS 3. OCCUPIED BY CHILDREN OR AGED PERSONS ONLY 4. NOT OCCUPIED 5. VACANT 6. NONE OF ABOVE (Explain in narrative)		<b>42. IF FLAME SPREAD BEYOND ROOM OF ORIGIN:</b> TYPE OF MATERIAL GENERATING MOST FLAMES: N/A	<b>43. AVENUE OF FLAME TRAVEL</b>
<b>44. IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:</b> TYPE OF MATERIAL GENERATING MOST SMOKE: N/A		<b>45. AVENUE OF SMOKE TRAVEL</b>	

<b>46. METHOD OF DETECTION</b> SMOKE DETECTOR ACTUATION	<b>47. METHOD OF EXTINGUISHMENT</b> BY P.D. - RECONNECTED HOSE LINE WITH WATER CARRIED IN APPARATUS
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<b>48. AGENT AND QUANTITY USED (CIRCLE AGENTS USED &amp; CODE AGENTS AND QUANTITY)</b> 0 WATER - SPRAY/FOG    1 WATER - SOLID STREAM 2 WATER - BOTH 0 AND 1    3 AFFF 4 OTHER FOAMS (PROTEIN, HIGH EXPANSION FOAM AGENTS) 5 DRY CHEMICAL    6 CARBON DIOXIDE 7 HALOGENATED AGENTS (HALON 1211, 1301) 8 WATER WITH ADDITIVES (WET WATER, ETC) 9 OTHER (COMBUSTIBLE METAL EXTINGUISHING AGENTS, ETC)	<b>49. MOST EFFECTIVE EXTINGUISHING AGENT USED</b> 2
<b>50. NUMBER OF PEOPLE RESCUED BY FIRE DEPT. (Explain in narrative)</b> N/A	<b>51. DEFICIENCIES OR PROBLEM AREAS</b> If problems existed in any of the following areas, indicate and further explain in narrative: 1. ALARM TRANSMITTAL 2. FIRE DEPARTMENT RESPONSE 3. PUMPER, HOSE, LADDERS, ETC. 4. MANPOWER 5. BREATHING APPARATUS, PROTECTIVE CLOTHING, ETC. 6. EXTINGUISHING AGENTS, WATER SUPPLY, ETC. 7. VENTILATION, FORCIBLE ENTRY, SALVAGE 8. WEATHER 9. ITEMS OF NON-COMPLIANCE (OSHA) 10. OTHER

<table style="width: 100%;"> <tr> <th style="text-align: left;">AGENT</th> <th style="text-align: left;">QTY.</th> <th style="text-align: left;">AGENT</th> <th style="text-align: left;">QTY.</th> </tr> <tr> <td>1 2</td> <td>0101025</td> <td>2 1</td> <td>62636465</td> </tr> <tr> <td>3 66</td> <td>07080970</td> <td>4 71</td> <td>72737475</td> </tr> </table>	AGENT	QTY.	AGENT	QTY.	1 2	0101025	2 1	62636465	3 66	07080970	4 71	72737475	<table style="width: 100%;"> <tr> <th style="text-align: left;">AGENT</th> <th style="text-align: left;">QTY.</th> </tr> <tr> <td>5 76</td> <td>777879</td> </tr> </table>	AGENT	QTY.	5 76	777879
AGENT	QTY.	AGENT	QTY.														
1 2	0101025	2 1	62636465														
3 66	07080970	4 71	72737475														
AGENT	QTY.																
5 76	777879																



# DoD FIRE INCIDENT REPORT

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## SECTION D - FIRE PROTECTION FACILITIES (IN STRUCTURES ONLY)

<b>52. AUTOMATIC SPRINKLERS PROVIDED?</b> (IF NO, PROCEED TO 53)		Y. YES <input checked="" type="radio"/> N. NO	13	<b>TYPE OF SPRINKLER SYSTEM</b> 1. WET 2. DRY 3. DELUGE-WATER 4. DELUGE-FOAM 5. PRE-ACTION DELUGE	<b>SPRINKLER PERFORMANCE</b> 1. SPRINKLERS OPERATED SATISFACTORILY - EXTINGUISHED FIRE 2. SPRINKLERS OPERATED SATISFACTORILY - HELD FIRE IN CHECK 3. NO SPRINKLER OPERATION: FIRE TOO SMALL 4. NO SPRINKLER OPERATION: NO SPRINKLERS IN FIRE AREA 5. SPRINKLER OPERATION UNSATISFACTORY (EXPLAIN IN NARRATIVE) 6. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		13 14 15	12		
IF LESS THAN 100%, WERE SPRINKLERS IN FIRE AREA?		Y. YES N. NO	16		
OPERATED AT FIRE?		Y. YES N. NO	17		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	18		
WAS SPRINKLER OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	19		
NUMBER OF SPRINKLER HEADS OPERATED?			20 21	22	23
<b>53. AUTOMATIC FIRE ALARM PROVIDED?</b> (IF NO, PROCEED TO 54)		Y. YES <input checked="" type="radio"/> N. NO	24	<b>TYPE OF ALARM SYSTEM</b> 1. FIXED TEMPERATURE 2. RATE OF RISE 3. COMBINATION FIXED TEMP/RATE OF RISE 4. SMOKE/SMOKE COMBINATION 5. OTHER	<b>PERFORMANCE OF FIRE DETECTION EQUIPMENT</b> 1. DETECTOR(S) IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 2. DETECTOR(S) NOT IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 3. FIRE TOO SMALL TO ACTIVATE DETECTORS 4. DETECTOR PERFORMANCE UNSATISFACTORY (EXPLAIN IN NARRATIVE) 5. NO DETECTORS PRESENT 6. PERFORMANCE OF FIRE DETECTION EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF FIRE DETECTION EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		10 5 10	25 26 27		
IF LESS THAN 100%, WERE DETECTORS IN FIRE AREA?		Y. YES <input checked="" type="radio"/> N. NO	28		
OPERATED AT FIRE?		Y. YES <input checked="" type="radio"/> N. NO	29		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES <input checked="" type="radio"/> N. NO	30		
WAS DETECTOR OPERATION FIRST INDICATION OF FIRE?		Y. YES <input checked="" type="radio"/> N. NO	31		
<b>54. MANUAL FIRE ALARM SYSTEM PROVIDED?</b> (IF NO, PROCEED TO 55)		Y. YES <input checked="" type="radio"/> N. NO	34	<b>55. INSTALLED PORTABLE EXTINGUISHERS (NOT F.D. CARRIED)</b> 1. EXTINGUISHERS NOT PROVIDED 2. PROVIDED BUT NOT USED 3. OPERATED SATISFACTORILY 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A	
OPERATED AT FIRE?		Y. YES N. NO	35		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	36		
IF OPERATED DID SYSTEM PERFORM SATISFACTORILY?		Y. YES N. NO	37		
			38	39	40

# DoD FIRE INCIDENT REPORT

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<b>56. OTHER FIXED SPECIAL EXTINGUISHING SYSTEMS IN FIRE AREA (IF NONE, PROCEED TO SECTION E)</b> <input checked="" type="radio"/> NONE 2. BUILT-IN CARBON DIOXIDE FLOODING SYSTEMS PROVIDED 3. BUILT-IN CARBON DIOXIDE HAND HOSELINE PROVIDED 4. BUILT-IN "HALON" FLOODING SYSTEM PROVIDED 5. BUILT-IN DRY CHEMICAL SYSTEM PROVIDED 6. BUILT-IN FOAM SYSTEM PROVIDED 7. OTHERS	<b>FIXED SPECIAL EXTINGUISHING SYSTEMS OPERATED</b> 1. AUTOMATIC 2. MANUAL 3. NOT OPERATED	<b>SPECIAL SYSTEM PERFORMANCE</b> 1. FIRE TOO SMALL FOR SYSTEM OPERATION 2. OPERATED SATISFACTORILY - EXTINGUISHED FIRE 3. OPERATED SATISFACTORILY - HELD FIRE IN CHECK 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A
39	40	41

## SECTION E - LOSSES

PROPERTY DAMAGED	ESTIMATED \$ VALUE	ESTIMATED \$ LOSS	60. IF NON-GOV. LOSS, GIVE PROPERTY TYPE
57. STRUCTURE OR MOBILE PROPERTY (GOVERNMENT)	0100504116	0000093510	1. PRIVATE 2. CONTRACTOR 3. SPECIAL SERVICES 4. EXCHANGE, PX 5. GOV LOSS, REIMBURSED 6. OTHER
58. CONTENTS (GOVERNMENT)			61. NO. INCIDENT-RELATED INJURIES 62. NO. INCIDENT-RELATED FATALITIES
59. NON-GOV PROPERTY (IF NONE PROCEED TO 61)			SECTION F - TIMES (24-HR CLOCK) 63. ESTIMATED TIME FIRE STARTED FIRE DETECTED ALARM RECEIVED F. D. ARRIVED EXTINGUISHED

## SECTION G - BRIEF NARRATIVE OF FIRE

At 1752, telephone call received from occupant at MEMQ Building 3282, Wellings Court, Navy Housing, reporting a fire in apartment 282-G. 750GPM triple combination pumper dispatched, mutual aid requested from Smithfield F. D. which responded with 750GPM pumper. Upon arrival Fire Captain reported working fire with smoke coming from front door and attic eaves. Attack made by preconnected 1-3/4" hoseline from Engine 1 through front door and into utility room. Fire extinguished using 25 gallons of water from the booster tank. Fire damage confined to rear wall utility room with fire traveling eight feet up wall. Apartment was not occupied at time of fire. Fire discovered by neighbor, he heard single station battery operated smoke detectors sounding. Fire was caused when plumbers earlier had been thawing frozen pipe with a plumbers torch. Temperature was 17 degrees.

CHIEF OF FIRE DEPARTMENT \_\_\_\_\_ REVIEWING OFFICIAL \_\_\_\_\_ REVIEWING OFFICIAL \_\_\_\_\_ REVIEWING OFFICIAL \_\_\_\_\_  
 FOR ADDITIONAL INFORMATION PHONE NO. \_\_\_\_\_ (CHECK ONE) ☐ AUTOVON ☐ FTS ☐ COMMERCIAL  
 DD Form 2324, 84 JAN

SAMPLE

# DoD FIRE INCIDENT REPORT

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<p>A. Complete instructions for filling out this form are contained in DoD 8055.7-M</p> <p>B. The entire form may be hand printed. Legibility is important.</p> <p>C. Where blocks are provided for the individual characters of the data, follow these rules:</p> <p>(1) If the entry is letters, place the first letter in the left-hand block;</p> <p>(2) If the entry is a number, place it so that the last digit is in the right-hand block.</p>	<p>THIS SPACE FOR SAFETY CENTER ONLY:</p> <p>YR MO DAY LINE EXP NO. T/C</p> <table border="1"> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td> </tr> </table>	01	02	03	04	05	06	07	08	09	10	11	12
01	02	03	04	05	06	07	08	09	10	11	12		

## SECTION A - GENERAL DATA

1. NAME OF FIRE DEPARTMENT <i>NAVAL AMPHIBIOUS BASE, LITTLE CREEK</i>				2. REPORT STATUS 1. Preliminary 2. <input checked="" type="radio"/> Final 3. Revised				3. OFF-STATION/MUTUAL AID RESPONSE Y. Yes N. <input checked="" type="radio"/> No															
4. LOCATION <i>NORFOLK, VIRGINIA</i>				5. ZIP CODE 3 DIGIT 6 DIGIT <i>23521</i>				6. UIC-RUC/ IDENT. CODE <i>61414</i>				7. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Defense Logistics Agency 6. Other											
8. NAME OF ACTIVITY WHERE FIRE OCCURRED								9. LOCATION															
10. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Def. Log. Agency 6. Other				11. UIC-RUC/ IDENT. CODE				12. DATE OF FIRE YR MO DAY <i>82112</i>				13. DAY OF WEEK 1. Sun 5. Thu 2. Mon 6. Fri 3. Tue 7. Sat 4. Wed				14. INCIDENT NUMBER <i>CK82</i>				15. MUTUAL AID RECEIVED Y. Yes N. <input checked="" type="radio"/> No			
16. METHOD OF ALARM FROM PUBLIC <i>RADIO FROM BASE POLICE</i>								17. TYPE OF SITUATION FOUND <i>VEHICLE FIRE/PRIVATELY OWNED</i>															
18. FIXED PROPERTY USE <i>PARKING LOT NEAR BUILDING 520</i>								19. MOBILE PROPERTY TYPE (Auto., Mobile Home, Ship, Aircraft) <i>AUTOMOBILE</i>															
20. IF MOBILE PROPERTY (Auto., Mobile Home, Ship, Aircraft) <i>AUTOMOBILE</i>				YEAR <i>1978</i>				MAKE <i>PONTIAC</i>				MODEL/OR ACFT. MODEL <i>FIREBIRD</i>				SERIAL NO./OR BUREAU NO. <i>2487934276</i>				LICENSE NO. <i>VA EBJ-811</i>			

## SECTION B - ORIGIN AND IGNITION DATA

21. AREA OF FIRE ORIGIN <i>PASSENGER AREA</i>				22. LEVEL OF ORIGIN <i>NEAR GRADE LEVEL</i>				23. TERMINATION STAGE 1. HEAT TERMINATED IN THE OVERHEAT STAGE BEFORE SMOLDER OR FLAME 2. FIRE TERMINATED IN THE SMOLDER STAGE, BEFORE ANY FLAME 3. <input checked="" type="radio"/> FIRE TERMINATED IN OR AFTER THE FLAME STAGE 4. NOT APPLICABLE			
24. EQUIPMENT INVOLVED IN IGNITION (IF ANY) <i>VEHICLE</i>								25. IF EQUIPMENT INVOLVED IN IGNITION YEAR MAKE MODEL SERIAL NO. VOLTAGE			

## MATERIAL FIRST IGNITED (26 and 27 only)

26. TYPE <i>GASOLINE</i>				27. FORM <i>GASOLINE FROM CONTAINER</i>			
28. FORM OF HEAT OF IGNITION <i>OPEN FLAME/MATCH OR LIGHTER</i>				29. IGNITION FACTOR <i>INCENDIARY - NOT DURING CIVIL DISTURBANCE</i>			

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## SECTION C - STRUCTURE AND FIRE DATA

30. STRUCTURE TYPE (If not structure proceed to 48) <b>NOT A STRUCTURE</b>												31. STRUCTURE NO. 12 13 14 15 16 17 18						32. YEAR CONSTR 19 20 21 22						33. NUMBER OF STORIES 23 24 25					
34. GROUND FLOOR AREA 26 27 28 29 30 31 32												35. CONSTRUCTION TYPE 33						36. CONSTRUCTION METHOD 34											

37. EXTENT OF FLAME DAMAGE 1. CONFINED TO THE OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right;">35</div>	38. EXTENT OF SMOKE DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right;">36</div>	39. EXTENT OF WATER DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right;">37</div>	40. EXTENT OF FIRE CONTROL DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right;">38</div>
--	--	--	---

41. AT TIME OF FIRE, BUILDING WAS:												42. IF FLAME SPREAD BEYOND ROOM OF ORIGIN:												43. AVENUE OF FLAME TRAVEL											
1. OCCUPIED BY AWAKE PERSONS												2. OCCUPIED BY SLEEPING PERSONS												3. OCCUPIED BY CHILDREN OR AGED PERSONS ONLY											
4. NOT OCCUPIED												5. VACANT												6. NONE OF ABOVE (Explain in narrative)											
44. IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:												45. AVENUE OF SMOKE TRAVEL												46. METHOD OF DETECTION											
47. METHOD OF EXTINGUISHMENT												48. AGENT AND QUANTITY USED (CIRCLE AGENTS USED & CODE AGENTS AND QUANTITY)												49. MOST EFFECTIVE EXTINGUISHING AGENT USED											
By F.D. - PRE-CONNECTED BOOSTER LINE												0 WATER - SPRAY/FOG 1 WATER - SOLID STREAM 2 WATER - BOTH 0 AND 1 3 AFFF 4 OTHER FOAMS (PROTEIN, HIGH EXPANSION FOAM AGENTS) 5 DRY CHEMICAL 6 CARBON DIOXIDE 7 HALOGENATED AGENTS (HALON 1211, 1301) 8 WATER WITH ADDITIVES (WET WATER, ETC) 9 OTHER (COMBUSTIBLE METAL EXTINGUISHING AGENTS, ETC)												50. NUMBER OF PEOPLE RESCUED BY FIRE DEPT. (Explain in narrative)											
51. DEFICIENCIES OR PROBLEM AREAS												52. OTHER												53. CARD NO.											
If problems existed in any of the following areas, indicate and further explain in narrative:												1. ALARM TRANSMITTAL 2. FIRE DEPARTMENT RESPONSE 3. PUMPER, HOSE, LADDERS, ETC. 4. MANPOWER 5. BREATHING APPARATUS, PROTECTIVE CLOTHING, ETC. 6. EXTINGUISHING AGENTS, WATER SUPPLY, ETC. 7. VENTILATION, FORCIBLE ENTRY, SALVAGE 8. WEATHER 9. ITEMS OF NON-COMPLIANCE (OSHA) 10. OTHER												76 77 78 79											

AGENT QTY. AGENT QTY.

1 0 000400 2 61 62 63 64 65

3 66 67 68 69 70 4 71 72 73 74 75

CARD NO. 81 82 83

77 78 79

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## SECTION D – FIRE PROTECTION FACILITIES (IN STRUCTURES ONLY)

52. AUTOMATIC SPRINKLERS PROVIDED? (IF NO, PROCEED TO 53)		Y. YES N. NO	12	TYPE OF SPRINKLER SYSTEM 1. WET 2. DRY 3. DELUGE-WATER 4. DELUGE-FOAM 5. PRE-ACTION DELUGE	SPRINKLER PERFORMANCE 1. SPRINKLERS OPERATED SATISFACTORILY – EXTINGUISHED FIRE 2. SPRINKLERS OPERATED SATISFACTORILY – HELD FIRE IN CHECK 3. NO SPRINKLER OPERATION: FIRE TOO SMALL 4. NO SPRINKLER OPERATION; NO SPRINKLERS IN FIRE AREA 5. SPRINKLER OPERATION UNSATISFACTORY (EXPLAIN IN NARRATIVE) 6. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		13 14 15			
IF LESS THAN 100%, WERE SPRINKLERS IN FIRE AREA?		Y. YES N. NO	16		
OPERATED AT FIRE?		Y. YES N. NO	17		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	18		
WAS SPRINKLER OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	19		
NUMBER OF SPRINKLER HEADS OPERATED?			21	22	23
53. AUTOMATIC FIRE ALARM PROVIDED? (IF NO, PROCEED TO 54)		Y. YES N. NO	24	TYPE OF ALARM SYSTEM 1. FIXED TEMPERATURE 2. RATE OF RISE 3. COMBINATION FIXED TEMP/RATE OF RISE 4. SMOKE/SMOKE COMBINATION 5. OTHER	PERFORMANCE OF FIRE DETECTION EQUIPMENT 1. DETECTOR(S) IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 2. DETECTOR(S) NOT IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 3. FIRE TOO SMALL TO ACTIVATE DETECTORS 4. DETECTOR PERFORMANCE UNSATISFACTORY (EXPLAIN IN NARRATIVE) 5. NO DETECTORS PRESENT 6. PERFORMANCE OF FIRE DETECTION EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF FIRE DETECTION EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		25 26 27			
IF LESS THAN 100%, WERE DETECTORS IN FIRE AREA?		Y. YES N. NO	28		
OPERATED AT FIRE?		Y. YES N. NO	29		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	30		
WAS DETECTOR OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	31		
54. MANUAL FIRE ALARM SYSTEM PROVIDED? (IF NO, PROCEED TO 55)		Y. YES N. NO	34	55. INSTALLED PORTABLE EXTINGUISHERS (NOT F.O. CARRIED) 1. EXTINGUISHERS NOT PROVIDED 2. PROVIDED BUT NOT USED 3. OPERATED SATISFACTORILY 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A	
OPERATED AT FIRE? (IF NO, PROCEED TO 55)		Y. YES N. NO	35		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	36		
IF OPERATED DID SYSTEM PERFORM SATISFACTORILY?		Y. YES N. NO	37		

# DoD FIRE INCIDENT REPORT

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<b>56. OTHER FIXED SPECIAL EXTINGUISHING SYSTEMS IN FIRE AREA (IF NONE, PROCEED TO SECTION E)</b> <input checked="" type="radio"/> NONE 2. BUILT-IN CARBON DIOXIDE FLOODING SYSTEMS PROVIDED 3. BUILT-IN CARBON DIOXIDE HAND HOSELINE PROVIDED 4. BUILT-IN "HALON" FLOODING SYSTEM PROVIDED 5. BUILT-IN DRY CHEMICAL SYSTEM PROVIDED 6. BUILT-IN FOAM SYSTEM PROVIDED 7. OTHERS	<b>FIXED SPECIAL EXTINGUISHING SYSTEMS OPERATED</b> 1. AUTOMATIC 2. MANUAL 3. NOT OPERATED	<b>SPECIAL SYSTEM PERFORMANCE</b> 1. FIRE TOO SMALL FOR SYSTEM OPERATION 2. OPERATED SATISFACTORILY - EXTINGUISHED FIRE 3. OPERATED SATISFACTORILY - HELD FIRE IN CHECK 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A
39	40	41

## SECTION E - LOSSES

PROPERTY DAMAGED	ESTIMATED \$ VALUE	ESTIMATED \$ LOSS	60. IF NON-GOV. LOSS, GIVE PROPERTY TYPE
57. STRUCTURE OR MOBILE PROPERTY (GOVERNMENT)			<input checked="" type="radio"/> PRIVATE 2. CONTRACTOR 3. SPECIAL SERVICES 4. EXCHANGE, PX 5. GOV. LOSS, REIMBURSED 6. OTHER
58. CONTENTS (GOVERNMENT)			61. NO. INCIDENT-RELATED INJURIES 62. NO. INCIDENT-RELATED FATALITIES
59. NON-GOV. PROPERTY (IF NONE PROCEED TO 61)			<b>SECTION F - TIMES (24-HR CLOCK)</b> 63. ESTIMATED TIME FIRE STARTED FIRE DETECTED ALARM RECEIVED F. D. ARRIVED EXTINGUISHED
	3000	900	CARD NO. 8138 77 78 79

## SECTION G - BRIEF NARRATIVE OF FIRE

At 1235 a radio transmission was received from Base Police reporting an automobile fire in parking lot next to Bldg. 520. Pumper with 4 firefighters responded. Upon arrival found automobile interior fully involved. Fire was extinguished, using 1" booster line with approximately 400 gals. water carried in apparatus. Automobile was reported stolen earlier in the day. The fire was set using gasoline doused in the automobile interior with ignition presumably by match or lighter.

CHIEF OF FIRE DEPARTMENT REVIEWING OFFICIAL REVIEWING OFFICIAL REVIEWING OFFICIAL  
 FOR ADDITIONAL INFORMATION PHONE NO. (CHECK ONE) ☐ AUTOVON ☐ FTS ☐ COMMERCIAL  
 DD Form 2324, 84 JAN

SAMPLE

# DoD FIRE INCIDENT REPORT

Page 1 of 8 Pages

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01	02	03	04	05	06	07	08	09	10	11	12		

## SECTION A - GENERAL DATA

1. NAME OF FIRE DEPARTMENT <i>FLIGHT AFB</i>				2. REPORT STATUS 1. Preliminary <input checked="" type="radio"/> 2. Final 3. Revised				3. OFF-STATION/MUTUAL AID RESPONSE Y. Yes <input checked="" type="radio"/> N. No															
4. LOCATION <i>SOMEWHERE, NV</i>				5. ZIP CODE 5 DIGIT <i>89406</i>				6. UIC-RUC/ IDENT. CODE <i>610495</i>				7. AFFILIATION 1. Navy 2. Marine 3. Army <input checked="" type="radio"/> 4. Air Force 5. Defense Logistics Agency 6. Other											
8. NAME OF ACTIVITY WHERE FIRE OCCURRED								9. LOCATION															
10. AFFILIATION 1. Navy 2. Marine 3. Army <input checked="" type="radio"/> 4. Air Force 5. Def. Log. Agency 6. Other				11. UIC-RUC/ IDENT. CODE <i>408976</i>				12. DATE OF FIRE YR MO DAY <i>82 12 13</i>				13. DAY OF WEEK <input checked="" type="radio"/> Sun 5. Thu 2. Mon 6. Fri 3. Tue 7. Sat 4. Wed				14. INCIDENT NUMBER <i>CV-82</i>				15. MUTUAL AID RECEIVED Y. Yes <input checked="" type="radio"/> N. No			
16. METHOD OF ALARM FROM PUBLIC <i>CRASH NET RADIO</i>								17. TYPE OF SITUATION FOUND <i>AIRCRAFT - WHEEL/BRAKE FIRE</i>															
18. FIXED PROPERTY USE <i>AIRCRAFT LANDING</i>								19. MOBILE PROPERTY TYPE (Auto., Mobile Home, Ship, Aircraft) <i>MILITARY AIRCRAFT - FIGHTER</i>															
20. IF MOBILE PROPERTY (Auto., Mobile Home, Ship, Aircraft) <i>AIRCRAFT</i>				YEAR				MAKE <i>GENERAL DYNAMICS</i>				MODEL/OR ACFT. MODEL <i>F-16</i>				SERIAL NO./OR BUREAU NO. <i>123456</i>				LICENSE NO.			

## SECTION B - ORIGIN AND IGNITION DATA

21. AREA OF FIRE ORIGIN <i>WHEEL AREA</i>				22. LEVEL OF ORIGIN <i>GRADE</i>				23. TERMINATION STAGE 1. HEAT TERMINATED IN THE OVERHEAT STAGE BEFORE SMOLDER OR FLAME 2. FIRE TERMINATED IN THE SMOLDER STAGE, BEFORE ANY FLAME <input checked="" type="radio"/> 3. FIRE TERMINATED IN OR AFTER THE FLAME STAGE 4. NOT APPLICABLE																							
24. EQUIPMENT INVOLVED IN IGNITION (IF ANY) <i>NONE</i>								25. IF EQUIPMENT INVOLVED IN IGNITION <i>N/A</i>				YEAR				MAKE				MODEL				SERIAL NO.				VOLTAGE			
MATERIAL FIRST IGNITED (26 and 27 only)																															
26. TYPE <i>RUBBER</i>								27. FORM <i>TIRE</i>																							
28. FORM OF HEAT OF IGNITION <i>WHEEL FRICTION</i>								29. IGNITION FACTOR <i>PART FAILURE/BREAK</i>								CARD NO. <i>8118</i>															

# DOD FIRE INCIDENT REPORT

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## SECTION C - STRUCTURE AND FIRE DATA

<b>30. STRUCTURE TYPE (If not structure proceed to 46)</b> <div style="font-size: 1.2em; font-weight: bold;">NOT A STRUCTURE</div>												<b>31. STRUCTURE NO.</b> <div style="font-size: 1.2em; font-weight: bold;">8</div>						<b>32. YEAR CONSTR</b> <div style="font-size: 1.2em; font-weight: bold;">12</div>						<b>33. NUMBER OF STORIES</b> <div style="font-size: 1.2em; font-weight: bold;">23</div>					
<b>34. GROUND FLOOR AREA</b> <div style="font-size: 1.2em; font-weight: bold;">26 27 28 29 30 31 32</div>												<b>35. CONSTRUCTION TYPE</b> <div style="font-size: 1.2em; font-weight: bold;">33</div>						<b>36. CONSTRUCTION METHOD</b> <div style="font-size: 1.2em; font-weight: bold;">34</div>											

<b>37. EXTENT OF FLAME DAMAGE</b> 1. CONFINED TO THE OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right; font-weight: bold;">35</div>	<b>38. EXTENT OF SMOKE DAMAGE</b> 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right; font-weight: bold;">36</div>	<b>39. EXTENT OF WATER DAMAGE</b> 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right; font-weight: bold;">37</div>	<b>40. EXTENT OF FIRE CONTROL DAMAGE</b> 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE <div style="text-align: right; font-weight: bold;">38</div>
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<b>41. AT TIME OF FIRE, BUILDING WAS:</b> 1. OCCUPIED BY AWAKE PERSONS 2. OCCUPIED BY SLEEPING PERSONS 3. OCCUPIED BY CHILDREN OR AGED PERSONS ONLY 4. NOT OCCUPIED 5. VACANT 6. NONE OF ABOVE (Explain in narrative) <div style="text-align: right; font-weight: bold;">39</div>	
<b>42. IF FLAME SPREAD BEYOND ROOM OF ORIGIN:</b> TYPE OF MATERIAL GENERATING MOST FLAMES: <div style="font-size: 1.2em; font-weight: bold;">40 41</div>	<b>43. AVENUE OF FLAME TRAVEL</b> <div style="font-size: 1.2em; font-weight: bold;">42 43</div>
<b>44. IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:</b> TYPE OF MATERIAL GENERATING MOST SMOKE: <div style="font-size: 1.2em; font-weight: bold;">44 45</div>	<b>45. AVENUE OF SMOKE TRAVEL</b> <div style="font-size: 1.2em; font-weight: bold;">46</div>

<b>46. METHOD OF DETECTION</b> <div style="font-size: 1.2em; font-weight: bold;">BY RUNWAY ALERT</div> <div style="text-align: right; font-weight: bold;">47 48</div>	<b>47. METHOD OF EXTINGUISHMENT</b> <div style="font-size: 1.2em; font-weight: bold;">BY F.D. - USE OF FIRE EXTINGUISHERS FROM CRASH APPARATUS</div> <div style="text-align: right; font-weight: bold;">49 50</div>												
<b>48. AGENT AND QUANTITY USED (CIRCLE AGENTS USED &amp; CODE AGENTS AND QUANTITY)</b> 0 WATER - SPRAY/FOG    1 WATER - SOLID STREAM 2 WATER - BOTH 0 AND 1    3 AFFF 4 OTHER FOAMS (PROTEIN, HIGH EXPANSION FOAM AGENTS) 5 DRY CHEMICAL    6 CARBON DIOXIDE 7 HALOGENATED AGENTS (HALON 1211, 1301) 8 WATER WITH ADDITIVES (WET WATER, ETC) 9 OTHER (COMBUSTIBLE METAL EXTINGUISHING AGENTS, ETC)  <table style="width: 100%; font-size: 0.8em;"> <tr> <th style="text-align: left;">AGENT</th> <th style="text-align: left;">QTY.</th> <th style="text-align: left;">AGENT</th> <th style="text-align: left;">QTY.</th> </tr> <tr> <td>1 5</td> <td>35 36 37 38 39 40</td> <td>2 61</td> <td>62 63 64 65</td> </tr> <tr> <td>3 66</td> <td>67 68 69 70</td> <td>4 71</td> <td>72 73 74 75</td> </tr> </table>	AGENT	QTY.	AGENT	QTY.	1 5	35 36 37 38 39 40	2 61	62 63 64 65	3 66	67 68 69 70	4 71	72 73 74 75	<b>49. MOST EFFECTIVE EXTINGUISHING AGENT USED</b> <div style="text-align: right; font-weight: bold;">51</div> <b>50. NUMBER OF PEOPLE RESCUED BY FIRE DEPT. (Explain in narrative)</b> <div style="font-size: 1.2em; font-weight: bold;">N/A</div> <div style="text-align: right; font-weight: bold;">52 53</div> <b>51. DEFICIENCIES OR PROBLEM AREAS</b> If problems existed in any of the following areas, indicate and further explain in narrative: 1. ALARM TRANSMITTAL 2. FIRE DEPARTMENT RESPONSE 3. PUMPER, HOSE, LADDERS, ETC. 4. MANPOWER 5. BREATHING APPARATUS, PROTECTIVE CLOTHING, ETC. 6. EXTINGUISHING AGENTS, WATER SUPPLY, ETC. 7. VENTILATION, FORCIBLE ENTRY, SALVAGE 8. WEATHER 9. ITEMS OF NON-COMPLIANCE (OSHA) 10. OTHER <div style="font-size: 1.2em; font-weight: bold;">NONE</div> <div style="text-align: right; font-weight: bold;">76</div>
AGENT	QTY.	AGENT	QTY.										
1 5	35 36 37 38 39 40	2 61	62 63 64 65										
3 66	67 68 69 70	4 71	72 73 74 75										

<b>CARD NO.</b> <div style="font-size: 1.2em; font-weight: bold;">81 82 83</div>	<div style="font-size: 1.2em; font-weight: bold;">77 78 79</div>
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## SECTION D - FIRE PROTECTION FACILITIES (IN STRUCTURES ONLY)

52. AUTOMATIC SPRINKLERS PROVIDED? (IF NO, PROCEED TO 53)		Y. YES N. NO	12	TYPE OF SPRINKLER SYSTEM 1. WET 2. DRY 3. DELUGE-WATER 4. DELUGE-FOAM 5. PRE-ACTION DELUGE	SPRINKLER PERFORMANCE 1. SPRINKLERS OPERATED SATISFACTORILY - EXTINGUISHED FIRE 2. SPRINKLERS OPERATED SATISFACTORILY - HELD FIRE IN CHECK 3. NO SPRINKLER OPERATION: FIRE TOO SMALL 4. NO SPRINKLER OPERATION: NO SPRINKLERS IN FIRE AREA 5. SPRINKLER OPERATION UNSATISFACTORY (EXPLAIN IN NARRATIVE) 6. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?			13 14 15		
IF LESS THAN 100%, WERE SPRINKLERS IN FIRE AREA?		Y. YES N. NO	16		
OPERATED AT FIRE?		Y. YES N. NO	17		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	18		
WAS SPRINKLER OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	19		
NUMBER OF SPRINKLER HEADS OPERATED?			20 21	22	23
53. AUTOMATIC FIRE ALARM PROVIDED? (IF NO, PROCEED TO 54)		Y. YES N. NO	24	TYPE OF ALARM SYSTEM 1. FIXED TEMPERATURE 2. RATE OF RISE 3. COMBINATION FIXED TEMP/RATE OF RISE 4. SMOKE/SMOKE COMBINATION 5. OTHER	PERFORMANCE OF FIRE DETECTION EQUIPMENT 1. DETECTOR(S) IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 2. DETECTOR(S) NOT IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 3. FIRE TOO SMALL TO ACTIVATE DETECTORS 4. DETECTOR PERFORMANCE UNSATISFACTORY (EXPLAIN IN NARRATIVE) 5. NO DETECTORS PRESENT 6. PERFORMANCE OF FIRE DETECTION EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF FIRE DETECTION EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?			25 26 27		
IF LESS THAN 100%, WERE DETECTORS IN FIRE AREA?		Y. YES N. NO	28		
OPERATED AT FIRE?		Y. YES N. NO	29		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	30		
WAS DETECTOR OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	31		
54. MANUAL FIRE ALARM SYSTEM PROVIDED? (IF NO, PROCEED TO 55)		Y. YES N. NO	34	55. INSTALLED PORTABLE EXTINGUISHERS (NOT F.O. CARRIED) 1. EXTINGUISHERS NOT PROVIDED 2. PROVIDED BUT NOT USED 3. OPERATED SATISFACTORILY 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A	
OPERATED AT FIRE? (IF NO, PROCEED TO 55)		Y. YES N. NO	35		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	36		
IF OPERATED DID SYSTEM PERFORM SATISFACTORILY?		Y. YES N. NO	37		
			38		

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<b>56. OTHER FIXED SPECIAL EXTINGUISHING SYSTEMS IN FIRE AREA (IF NONE, PROCEED TO SECTION E)</b> <input checked="" type="radio"/> 1. NONE 2. BUILT-IN CARBON DIOXIDE FLOODING SYSTEMS PROVIDED 3. BUILT-IN CARBON DIOXIDE HAND HOSELINE PROVIDED 4. BUILT-IN "HALON" FLOODING SYSTEM PROVIDED 5. BUILT-IN DRY CHEMICAL SYSTEM PROVIDED 6. BUILT-IN FOAM SYSTEM PROVIDED 7. OTHERS	<b>FIXED SPECIAL EXTINGUISHING SYSTEMS OPERATED</b> 1. AUTOMATIC 2. MANUAL 3. NOT OPERATED	<b>SPECIAL SYSTEM PERFORMANCE</b> 1. FIRE TOO SMALL FOR SYSTEM OPERATION 2. OPERATED SATISFACTORILY - EXTINGUISHED FIRE 3. OPERATED SATISFACTORILY - HELD FIRE IN CHECK 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A
39	40	41

## SECTION E - LOSSES

PROPERTY DAMAGED	ESTIMATED \$ VALUE	ESTIMATED \$ LOSS	60. IF NON-GOV. LOSS, GIVE PROPERTY TYPE
57. STRUCTURE OR MOBILE PROPERTY (GOVERNMENT)	212784000	700	1. PRIVATE 2. CONTRACTOR 3. SPECIAL SERVICES 4. EXCHANGE, PX 5. GOV LOSS, REIMBURSED 6. OTHER
58. CONTENTS (GOVERNMENT)			81. NO. INCIDENT-RELATED INJURIES 82. NO. INCIDENT-RELATED FATALITIES
59. NON-GOV PROPERTY (IF NONE PROCEED TO 61)			<b>SECTION F - TIMES (24-HR CLOCK)</b> 63. ESTIMATED TIME FIRE STARTED FIRE DETECTED ALARM RECEIVED F. D. ARRIVED EXTINGUISHED
			CARD NO. 77 78 79

## SECTION G - BRIEF NARRATIVE OF FIRE

At 0325 runway alert crew and assist. F. C. alerted the control tower that an A-7 had blown a tire on landing. Requested standby crash equipment respond. Runway alert truck, 148-1 with 2 firefighters and assist F. C. in ATU arrived at aircraft, extinguished burning rubber and hydraulic fluid with one 20# PKP extinguisher. When standby apparatus arrived on scene, fire was out. Pilot accomplished shut down and left aircraft unassisted. No PKP ingested into engine.

CHIEF OF FIRE DEPARTMENT      REVIEWING OFFICIAL      REVIEWING OFFICIAL      REVIEWING OFFICIAL  
 FOR ADDITIONAL INFORMATION PHONE NO. \_\_\_\_\_ (CHECK ONE) ☐ AUTOVON ☐ FTTS ☐ COMMERCIAL  
 DD Form 2324, 84 JAN

SAMPLE

# DoD FIRE INCIDENT REPORT

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<p>A. Complete instructions for filling out this form are contained in DoD 6055.7-M</p> <p>B. The entire form may be hand printed. Legibility is important.</p> <p>C. Where blocks are provided for the individual characters of the date, follow these rules:</p> <p>(1) If the entry is letters, place the first letter in the left-hand block;</p> <p>(2) If the entry is a number, place it so that the last digit is in the right-hand block.</p>	THIS SPACE FOR SAFETY CENTER ONLY:												
	YR	MO DAY LINE EXP NO. T/C											
	<table border="1"> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td> </tr> </table>		01	02	03	04	05	06	07	08	09	10	11
01	02	03	04	05	06	07	08	09	10	11	12		

## SECTION A - GENERAL DATA

1. NAME OF FIRE DEPARTMENT <b>325 CES</b> <b>TYNDALL AFB, FL</b>		2. REPORT STATUS 1. Preliminary 2. Final 3. Revised		3. OFF-STATION/MUTUAL AID RESPONSE Y. Yes N. No	
4. LOCATION <b>PANAMA CITY, FL</b>		5. ZIP CODE 3 DIGIT 5 DIGIT <b>32103</b>		6. UIC-RUC/ IDENT. CODE <b>42103</b>	
7. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Defense Logistics Agency 6. Other		8. NAME OF ACTIVITY WHERE FIRE OCCURRED			
9. LOCATION		10. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Def. Log. Agency 6. Other			
11. UIC-RUC/ IDENT. CODE <b>4</b>		12. DATE OF FIRE YR MO DAY <b>8 3 0 1 0 1</b>		13. DAY OF WEEK 1. Sun 5. Thu 2. Mon 6. Fri 3. Tue 7. Sat 4. Wed	
14. INCIDENT NUMBER <b>10001</b>		15. MUTUAL AID RECEIVED Y. Yes N. No			
16. METHOD OF ALARM FROM PUBLIC <b>CRASH NET PHONE</b>		17. TYPE OF SITUATION FOUND <b>AIRCRAFT CRASH WITH FIRE</b>			
18. FIXED PROPERTY USE <b>AIRCRAFT LANDING</b>		19. MOBILE PROPERTY TYPE (Auto., Mobile Home, Ship, Aircraft) <b>COMBAT TYPE MILITARY FIGHTER</b>			
20. IF MOBILE PROPERTY (Auto., Mobile Home, Ship, Aircraft) <b>AIRCRAFT</b>		YEAR <b>1967</b>		LICENSE NO.	
MAKE <b>McDONNELL - DOUGLAS</b>		MODEL/OR ACFT. MODEL <b>F-4D</b>		SERIAL NO./OR BUREAU NO. <b>67-297</b>	

## SECTION B - ORIGIN AND IGNITION DATA

21. AREA OF FIRE ORIGIN <b>ENGINE AREA</b>		22. LEVEL OF ORIGIN <b>GRADE</b>		23. TERMINATION STAGE 1. HEAT TERMINATED IN THE OVERHEAT STAGE BEFORE SMOLDER OR FLAME 2. FIRE TERMINATED IN THE SMOLDER STAGE, BEFORE ANY FLAME 3. FIRE TERMINATED IN OR AFTER THE FLAME STAGE 4. NOT APPLICABLE	
24. EQUIPMENT INVOLVED IN IGNITION (IF ANY) <b>NONE</b>		25. IF EQUIPMENT INVOLVED IN IGNITION		YEAR MAKE MODEL SERIAL NO. VOLTAGE	

## MATERIAL FIRST IGNITED (26 and 27 only)

26. TYPE <b>JP-4</b>		27. FORM <b>FUEL</b>	
28. FORM OF HEAT OF IGNITION <b>FRICTION HEAT</b>		29. IGNITION FACTOR <b>PART FAILURE</b>	

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## SECTION C - STRUCTURE AND FIRE DATA

30. STRUCTURE TYPE (If not structure proceed to 48)												31. STRUCTURE NO.						32. YEAR CONSTR				33. NUMBER OF STORIES																									
34. GROUND FLOOR AREA												35. CONSTRUCTION TYPE												36. CONSTRUCTION METHOD																							
37. EXTENT OF FLAME DAMAGE 1. CONFINED TO THE OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE												38. EXTENT OF SMOKE DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE												39. EXTENT OF WATER DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE												40. EXTENT OF FIRE CONTROL DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE											
41. AT TIME OF FIRE, BUILDING WAS: 1. OCCUPIED BY AWAKE PERSONS												2. OCCUPIED BY SLEEPING PERSONS 3. OCCUPIED BY CHILDREN OR AGED PERSONS ONLY												4. NOT OCCUPIED 5. VACANT 6. NONE OF ABOVE (Explain in narrative)																							
42. IF FLAME SPREAD BEYOND ROOM OF ORIGIN:												43. AVENUE OF FLAME TRAVEL																																			
44. IF SMOKE SPREAD BEYOND ROOM OF ORIGIN:												45. AVENUE OF SMOKE TRAVEL																																			
46. METHOD OF DETECTION <i>RUNWAY ALERT</i>												47. METHOD OF EXTINGUISHMENT <i>CRASH APPARATUS TURNETS</i>																																			
48. AGENT AND QUANTITY USED (CIRCLE AGENTS USED & CODE AGENTS AND QUANTITY) ① WATER - SPRAY/FOG      ② WATER - SOLID STREAM 2 WATER - BOTH ① AND ②      ③ AFFF 4 OTHER FOAMS (PROTEIN, HIGH EXPANSION FOAM AGENTS) 5 DRY CHEMICAL      6 CARBON DIOXIDE 7 HALOGENATED AGENTS (HALON 1211, 1301) 8 WATER WITH ADDITIVES (WET WATER, ETC) 9 OTHER (COMBUSTIBLE METAL EXTINGUISHING AGENTS, ETC)												49. MOST EFFECTIVE EXTINGUISHING AGENT USED <i>AFFF</i>																																			
50. NUMBER OF PEOPLE RESCUED BY FIRE DEPT. (Explain in narrative)												51. DEFICIENCIES OR PROBLEM AREAS If problems existed in any of the following areas, indicate and further explain in narrative: 1. ALARM TRANSMITTAL 2. FIRE DEPARTMENT RESPONSE 3. PUMPER, HOSE, LADDERS, ETC. 4. MANPOWER 5. BREATHING APPARATUS, PROTECTIVE CLOTHING, ETC. 6. EXTINGUISHING AGENTS, WATER SUPPLY, ETC. 7. VENTILATION, FORCIBLE ENTRY, SALVAGE 8. WEATHER 9. ITEMS OF NON-COMPLIANCE (OSHA) 10. OTHER <i>NONE</i>																																			
AGENT      QTY.      AGENT      QTY. 1 <i>①</i> <i>2100</i> 2 <i>③</i> <i>42</i> 3 <i>①</i> <i>100</i> 4 <i>①</i> <i>70</i>												CARD NO. <i>8128</i>																																			

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## SECTION D - FIRE PROTECTION FACILITIES (IN STRUCTURES ONLY)

52. AUTOMATIC SPRINKLERS PROVIDED? (IF NO, PROCEED TO 53)		Y. YES N. NO	12	TYPE OF SPRINKLER SYSTEM 1. WET 2. DRY 3. DELUGE-WATER 4. DELUGE-FOAM 5. PRE-ACTION DELUGE	SPRINKLER PERFORMANCE 1. SPRINKLERS OPERATED SATISFACTORILY - EXTINGUISHED FIRE 2. SPRINKLERS OPERATED SATISFACTORILY - HELD FIRE IN CHECK 3. NO SPRINKLER OPERATION: FIRE TOO SMALL 4. NO SPRINKLER OPERATION: NO SPRINKLERS IN FIRE AREA 5. SPRINKLER OPERATION UNSATISFACTORY (EXPLAIN IN NARRATIVE) 6. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		13 14 15			
IF LESS THAN 100%, WERE SPRINKLERS IN FIRE AREA?		Y. YES N. NO	16		
OPERATED AT FIRE?		Y. YES N. NO	17		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	18		
WAS SPRINKLER OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	19		
NUMBER OF SPRINKLER HEADS OPERATED?			20 21		22
53. AUTOMATIC FIRE ALARM PROVIDED? (IF NO, PROCEED TO 54)		Y. YES N. NO	24	TYPE OF FIRE ALARM SYSTEM 1. FIXED TEMPERATURE 2. RATE OF RISE 3. COMBINATION FUEL TEMP/RATE OF RISE 4. SMOKE/SMOKE COMBINATION 5. OTHER	PERFORMANCE OF FIRE DETECTION EQUIPMENT 1. DETECTOR(S) IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 2. DETECTOR(S) NOT IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 3. FIRE TOO SMALL TO ACTIVATE DETECTORS 4. DETECTOR PERFORMANCE UNSATISFACTORY (EXPLAIN IN NARRATIVE) 5. NO DETECTORS PRESENT 6. PERFORMANCE OF FIRE DETECTION EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF FIRE DETECTION EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		25 26			
IF LESS THAN 100%, WERE DETECTORS IN FIRE AREA?		Y. YES N. NO	28		
OPERATED AT FIRE?		Y. YES N. NO	29		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	30		
WAS DETECTOR OPERATION FIRST INDICATION OF FIRE?		Y. YES N. NO	31		
54. MANUAL FIRE ALARM SYSTEM PROVIDED? (IF NO, PROCEED TO 55)		Y. YES N. NO	34	55. INSTALLED PORTABLE EXTINGUISHERS (NOT F.D. CARRIED) 1. EXTINGUISHERS NOT PROVIDED 2. PROVIDED BUT NOT USED 3. OPERATED SATISFACTORILY 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A	
OPERATED AT FIRE? (IF NO, PROCEED TO 55)		Y. YES N. NO	35		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES N. NO	36		
IF OPERATED DID SYSTEM PERFORM SATISFACTORILY?		Y. YES N. NO	37		
			38		

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<b>56. OTHER FIXED SPECIAL EXTINGUISHING SYSTEMS IN FIRE AREA (IF NONE, PROCEED TO SECTION E)</b> 1. NONE 2. BUILT-IN CARBON DIOXIDE FLOODING SYSTEMS PROVIDED 3. BUILT-IN CARBON DIOXIDE HAND HOSELINE PROVIDED 4. BUILT-IN "HALON" FLOODING SYSTEM PROVIDED 5. BUILT-IN DRY CHEMICAL SYSTEM PROVIDED 6. BUILT-IN FOAM SYSTEM PROVIDED 7. OTHERS	<b>FIXED SPECIAL EXTINGUISHING SYSTEMS OPERATED</b> 1. AUTOMATIC 2. MANUAL 3. NOT OPERATED	<b>SPECIAL SYSTEM PERFORMANCE</b> 1. FIRE TOO SMALL FOR SYSTEM OPERATION 2. OPERATED SATISFACTORILY - EXTINGUISHED FIRE 3. OPERATED SATISFACTORILY - HELD FIRE IN CHECK 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A
39	40	41

## SECTION E - LOSSES

PROPERTY DAMAGED	ESTIMATED \$ VALUE	ESTIMATED \$ LOSS	60. IF NON-GOV. LOSS, GIVE PROPERTY TYPE 1. PRIVATE 4. EXCHANGE, PX 2. CONTRACTOR 5. GOV LOSS, REIMBURSED 3. SPECIAL SERVICES 6. OTHER
57. STRUCTURE OR MOBILE PROPERTY (GOVERNMENT)	21000000	000	CARD NO. 8138
58. CONTENTS (GOVERNMENT)			61. NO. INCIDENT-RELATED INJURIES 28 29 30 62. NO. INCIDENT-RELATED FATALITIES 31 32 33
59. NON-GOV PROPERTY (IF NONE PROCEED TO 61)			<b>SECTION F - TIMES (24-HR CLOCK)</b> 63. ESTIMATED TIME FIRE STARTED 1516 FIRE DETECTED 1516 ALARM RECEIVED 1519 F.D. ARRIVED 1537 EXTINGUISHED 1538 CARD NO. 8118

## SECTION G - BRIEF NARRATIVE OF FIRE

At 1533 notified by tower of declared inflight emergency. Nose gear unsafe indication. Major crash equipment was in position prior to landing. Upon landing, the main gear collapsed. Aircraft veered off the runway and stopped in soft terrain. The left fuel tank ruptured and friction ignited the fuel. The pilot egressed safely and was treated by the P-10 rescue crew for shock. The fire was extinguished by two P-2s. Investigation showed aircraft damage was due to impact.

CHIEF OF FIRE DEPARTMENT      REVIEWING OFFICIAL      REVIEWING OFFICIAL      REVIEWING OFFICIAL  
 FOR ADDITIONAL INFORMATION PHONE NO. \_\_\_\_\_ (CHECK ONE) ☐ AUTOVON ☐ FTS ☐ COMMERCIAL  
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